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Bib Data Sheet

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| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART/UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------|-------|----------------|---------------------|
| 09/895,814 | 06/29/2001 RULE | 514 | 1614 | 210121.427C26 |

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su

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/852,911 05/09/2001
 AND A CIP OF 09/780,669 02/09/2001
 AND A CIP OF 09/759,143 01/12/2001
 AND A CIP OF 09/709,729 11/09/2000 ABN
 AND A CIP OF 09/685,166 10/10/2000
 AND A CIP OF 09/679,426 10/02/2000
 AND A CIP OF 09/657,279 09/06/2000
 AND A CIP OF 09/651,236 08/29/2000
 AND A CIP OF 09/636,215 08/09/2000 *
 AND A CIP OF 09/605,783 06/27/2000
 AND A CIP OF 09/593,793 06/13/2000
 AND A CIP OF 09/570,737 05/12/2000
 AND A CIP OF 09/568,100 05/09/2000
 AND A CIP OF 09/536,857 03/27/2000
 AND A CIP OF 09/483,672 01/14/2000
 AND A CIP OF 09/443,686 11/18/1999 ABN
 AND A CIP OF 09/439,313 11/12/1999 PAT 6,329,505
 AND A CIP OF 09/352,616 07/13/1999
 AND A CIP OF 09/288,946 04/09/1999
 AND A CIP OF 09/232,149 01/15/1999
 AND A CIP OF 09/159,812 09/23/1998

AND A CIP OF 09/115,453 07/14/1998
 AND A CIP OF 09/030,607 02/25/1998 PAT 6,262,245
 AND A CIP OF 09/020,956 02/09/1998 PAT 6,261,562
 AND A CIP OF 08/904,804 08/01/1997 ABN
 AND A CIP OF 08/806,099 02/25/1997 ABN
 (*) Data inconsistent with PTO records.

None
 ** FOREIGN APPLICATIONS ******cycle*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/30/2001

| | | | | | |
|---------------------------------|--|-------------------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | WA | 10 | 17 | 2 |
| Verified and Acknowledged | <i>Gu</i> <i>2/11/09</i> | Examiner's Signature Initials | | | |

ADDRESS

00500

TITLE

Compositions and methods for the therapy and diagnosis of prostate cancer

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|----------------------------|---|---|
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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